

PARTICIPATION APPLICATION

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www.illinois.net



DATE ____ / ____ / ____

Submit this form for each additional building or site that will be accessing the ICN either directly or through another agency.

PARTICIPATION INFORMATION

1. FISCAL ORGANIZATION'S NAME		8. FISCAL ORGANIZATION'S BILLING ADDRESS	
2. FISCAL ORGANIZATION'S PHONE	3. FAX	9. CITY, STATE, ZIP CODE	
4. TAX EXEMPT NUMBER	5. FEIN CODE	10. PREPARER'S PRINTED NAME	
6. TAX CLASSIFICATION <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit	7. ORGANIZATION TYPE <input type="checkbox"/> K-12 <input type="checkbox"/> Municipality <input type="checkbox"/> Community College <input type="checkbox"/> Library <input type="checkbox"/> College/University <input type="checkbox"/> Museum <input type="checkbox"/> Other _____	11. PREPARER'S PHONE	12. FAX
		13. PREPARER'S TITLE	
		14. PREPARER'S E-MAIL ADDRESS	

BUILDING/SITE INFORMATION

15. SITE NAME		18. STREET ADDRESS
16. SITE PHONE	17. FAX	19. CITY, STATE, ZIP CODE

SITE/TECHNICAL CONTACT INFORMATION

20. NAME		23. TITLE
21. PHONE	22. FAX	24. E-MAIL ADDRESS

END CONNECTION INFORMATION

25. How will this building be connecting to the Illinois Century Network? <input type="checkbox"/> Directly to the Illinois Century Network (ICN) <input type="checkbox"/> To an existing ICN Participant: <i>Enter the information to the right</i> <input type="checkbox"/> To one of my other buildings: <i>Enter the information to the right</i>	SITE NAME: _____ ADDRESS: _____ PHONE: _____
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TELECOMMUNICATION INFORMATION

26. Requested installation date: _____

27. Type of connection requested (*select only one*)
☐ T1 ☐ Other (*describe*) _____
☐ DS3 ☐ Will need assistance in the selection process

28. If the demarc will need to be extended by the telephone company, specify the room number or describe the location.

BORDER ROUTER INFORMATION

The Border Router has to meet specific ICN requirements. If you are requesting the use of an existing router and it does not qualify, an ICN representative will contact you.

29. Select one of the following options:

<input type="checkbox"/> Requesting a quote for the Router listed below	<input type="checkbox"/> Want to use the Router listed below
<input type="checkbox"/> Will require help in choosing correct Router	<input type="checkbox"/> Will not require a Router at this site

MANUFACTURER	MODEL	IOS	FLASH MEM	RAM	SERIAL NUMBER
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INTERFACES

IP ADDRESS REQUEST

30. Host Count (*both Line A and Line B are REQUIRED*) **NOTE:** If you request more than 256 IP Addresses, you will need to submit a network diagram with this application.

	CURRENT	+	NEW WITHIN 12 MONTHS	=	TOTAL BY END OF 12 MONTHS
A. IP ADDRESSES REQUESTED?		+		=	
B. INTERNET CONNECTING HOSTS?		+		=	

DOMAIN NAME INFORMATION

Use this section only if you **ALREADY** have a Domain Name.

☐ YES ☐ NO 31. Does your organization currently have a domain name?

If Yes:

A. Enter the fully qualified domain name

B. Specify the contact person that is handling your DNS.
CONTACT _____

E-MAIL ADDRESS _____

PHONE _____

C. Should the ICN secondary (backup) the DNS?

☐ YES ☐ NO

D. If you have an organization handling your DNS, do you want the ICN to assume the management of your DNS? *(The ICN can only primary domain names that are within the guidelines of RFC 1480 from the US Domain Registry. The ICN will secondary any constituents domain name.)*

☐ YES ☐ NO

DOMAIN NAME REQUEST

Use this section only if you **DO NOT** have a Domain Name.

32. Requested Domain Name

A. First choice: _____

B. Second choice: _____

C. Third choice: _____

☐ YES ☐ NO 33. Should the ICN primary this domain? *(Domain must be within the guidelines of RFC 1480 from the US Domain Registry.)*

☐ YES ☐ NO 34. Will your organization be running its own DNS server?

If Yes:

Should the ICN secondary (backup) the DNS?

☐ YES ☐ NO

35. Who will be the Administration Contact for your domain?

☐ Primary Technical Contact (line 20) Name: _____

☐ Other *(enter info to the right:)* E-mail: _____

Phone: _____

36. Who will be the Technical Contact for your domain?

☐ Primary Technical Contact (line 20) Name: _____

☐ Other *(enter info to the right:)* E-mail: _____

Phone: _____

WEB SERVER

☐ YES ☐ NO 37. Will your organization be running its own Web Server?

E-MAIL SERVER

☐ YES ☐ NO 38. Will your organization be running its own E-Mail Server?

PARTICIPATION APPLICATION INSTRUCTIONS

SECTION: PARTICIPATION INFORMATION

Line 1: Fiscal Organization's Name

The name of the organization which is the fiscal agent for this building or site. This is an organization's name, NOT a person's name.

Line 2-3: Fiscal Organization's Phone/Fax

This must be the main phone number for the Fiscal Organization.

Line 4-5: Tax-Exempt Number/FEIN

One or more of these are used when provisioning equipment.

Line 6-7: Tax Classification/Organization Type

Required.

Line 8-9: Fiscal Organization's Billing Address

Required

Line 10-14: Preparer's Information

Required. This information is used to contact the preparer in case of questions or problems with the application.

SECTION: BUILDING/SITE INFORMATION

Line 15-19:

Fill in the site's name and address. The phone number MUST be for the site and NOT the contact. Telecommunication lines are requested by a site's phone number, not its address. The phone number has to be correct to get the proper costs and installation.

SECTION: SITE/TECHNICAL CONTACT INFORMATION

Line 20-24:

This is the technical contact for the site. This person should also be able to provide access to the site when necessary. It is NOT necessary for this person to be stationed at the site.

SECTION: END CONNECTION INFORMATION

Line 25: How will this building be connecting to the Illinois Century Network?

There are several options for connecting to the ICN. If you are connecting through an existing ICN Participant, we need their Site Name, address, and phone number.

SECTION: TELECOMMUNICATION INFORMATION

Line 26: Requested installation date

This date can not be guaranteed. Most telecommunications providers estimate 4 to 8 weeks to install a leased line. Therefore, give yourself plenty of time for regular installs and any problems that may arise.

Line 27: Type of connection requested

Please select one. If uncertain, select "will need assistance" and an ICN representative will contact you to help make the proper choice to suit your needs.

Line 28: Demarc extension

If the telecommunications equipment will not be located in the phone closet, specify the location into which the leased line will need to be extended.

SECTION: BORDER ROUTER INFORMATION

Line 29: Border Router selection

Please select one and fill in the information about the manufacturer and model of the router. If uncertain, select "will need help" and an ICN representative will contact you to help make the proper choice to suit your needs.

SECTION: IP ADDRESS REQUEST

Line 30: Host Count

Both line A (IP Addresses requested) and line B (Internet connecting hosts) are required.

A: IP Addresses Requested

This is the number of REAL IP (Routable IP) Addresses required. This line will not be larger than line B. If you are using IP Translation or Private IP, you will not need as many Real IP Addresses as you have computers.

B: Internet Connecting Hosts

This is the number of computers and other devices that will have some type of IP Address (whether routable or not). For most organizations, this is the total number of computers that will be connecting for e-mail or Internet access. However, it may also include any device such as a printer, router, fileserver, or intelligent hub and switch that have an assigned IP Address.

NOTE: Cabling Diagram

If your network requires more than 256 IP Addresses (a Class "C"), you will need to provide a network layout detailing how the IP Addresses will be deployed.

SECTION: DOMAIN NAME INFORMATION

Use this section only if you already have a domain name. If you do not have a domain name and would like to reserve one, please proceed to line 32.

Line 31: Does your organization currently have a domain name?

A - B. Please fill out the information regarding your domain name including the person or organization handling your Domain Name Service (DNS).

C- D. Select yes if you would like the ICN to secondary (backup) your DNS.

Please note: The ICN can only primary domain names that are within the guidelines of RFC 1480 from the US Domain Registry. The ICN will secondary any constituent's domain name.

SECTION: DOMAIN NAME REQUEST

Use this section only if you do not have a domain name.

Line 32: Requested Domain Name.

Please list your top three choices for domain names. If all three names are already taken, you will be contacted about other choices.

Line 33: Should the ICN primary this domain?

Please specify yes or no.

Please note: The ICN can only primary domain names that are within the guidelines of RFC 1480 from the US Domain Registry. The ICN will secondary any constituent's domain name.

Line 34: Will your organization be running its own DNS server?

Please specify yes or no. If yes, should the ICN secondary (backup) the DNS.

Please note: The ICN can only primary domain names that are within the guidelines of RFC 1480 from the US Domain Registry. The ICN will secondary any constituent's domain name.

Line 35: Who will be the Administration Contact for your domain?

The ICN will need to provide this information to the InterNIC when registering a domain. If the Administration Contact will be the same as the Technical Contact (Line 20) check the first box. If Other, please fill out the person's information in the lines to the right.

Line 36: Who will be the Technical Contact for your domain?

The ICN will need to provide this information to the InterNIC when registering a domain. If the Technical Contact for the domain is the same as the Technical Contact (Line 20) check the first box. If Other, please fill out the person's information in the lines to the right.

SECTION: WEB SERVER

Line 37: Will your organization be running its own Web Server?

Please specify yes or no. If yes, the ICN will make the appropriate entries in its DNS server and IP Address assignments.

SECTION: E-MAIL SERVER

Line 38: Will your organization be running its own E-Mail server?

Please specify yes or no. If yes, the ICN will make the appropriate entries in its DNS server and will contact you regarding IP Addresses.

RETURN INSTRUCTIONS

Fax or mail this application to the number or address listed on the top left corner of the form. If you have any questions, please call the number listed on the top left corner of the form.
